SEP 26 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23591

1. PLACE OF DEATH
County Boone — Registration District No. 72 — File No.
Township — Primary Registration District No. 4041 — Registered No. 22
City Centralia (No. ... St. ... Ward)

2. FULL NAME John Thomas Musgrove
(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24th 1851

7. AGE: Years 75 — Months 9 — Days 5 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cullaway Co., Mo.

PARENTS
10. NAME OF FATHER John Thomas Musgrove
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Un Known
12. MAIDEN NAME OF MOTHER Caroline Culbertson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Un Known

14. INFORMANT Lem Musgrove
(Address) Centralia Mo

15. FILED 8/30, 1927 J. T. Hickerson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1927

17. I HEREBY CERTIFY, That I attended deceased from May, 1927, to Aug 29, 1927, that I last saw ... alive on 29 Aug, 1927, and that death occurred, on the date stated above, at Aug 29 6 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Arterial Sclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? General Symptoms
(Signed) W. G. White, M. D
8/30, 1927 (Address) Centralia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Centralia Mo Cem — DATE OF BURIAL: Aug 30 1927

20. UNDERTAKER: M. J. McDonald — ADDRESS: Centralia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.